

## Statement of Termination

This form must be completed by officeholders, candidates, and recipient committees that wish to terminate pursuant to Government Code Section 84214.

Officeholders and candidates file an original of this form with the filing officer with whom they file the originals of their campaign statements.

Committees file an original of this form with the Secretary of State and, if applicable, a copy with the local filing officer.

### I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE: BARBARA L. Knight  
RESIDENTIAL OR BUSINESS ADDRESS: 2314 W. TOLKAY (NO AND STREET)  
CITY: Lodi STATE: CA ZIP CODE: 95242  
AREA CODE/PHONE NUMBER: \_\_\_\_\_

### II Information on Office Sought or Held

OFFICE SOUGHT OR HELD: Lodi City Council Member  
LOCATION (IF APPLICABLE): \_\_\_\_\_ DISTRICT NUMBER (IF APPLICABLE): \_\_\_\_\_  
EFFECTIVE DATE OF TERMINATION: 10/6/92  
Control Committee

### III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/06/92 At Lodi, CA  
By Barbara L. Knight  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

NOTE: Additional filing obligations will be incurred if an officeholder, candidate, or committee begins raising or spending funds or receives the forgiveness of a loan or repayments of loans made to others or any other receipts.

Type or Print in Ink.

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Date Stamp	CALIFORNIA 1991 FORM 415
RECEIVED AND FILED In the Office of the Secretary of State of the State of California OCT 09 1992 MARCH FONG EU, Secretary of State	RECEIVED OCT 20 1992 REGISTRAR OF VOTERS SAN JOAQUIN COUNTY

### I Recipient Committee Termination

NAME OF COMMITTEE: Committee to Elect Knight I.D. NUMBER: 922126  
ADDRESS OF COMMITTEE: 2314 W. TOLKAY (NO AND STREET)  
CITY: Lodi STATE: CA ZIP CODE: 95242  
AREA CODE/PHONE NUMBER: 209-366-3942

### II Treasurer Information

NAME OF TREASURER: Barbara L. Knight  
PERMANENT ADDRESS OF TREASURER: 2314 W. TOLKAY (NO AND STREET)  
CITY: Lodi STATE: CA ZIP CODE: 95242  
AREA CODE/DAYTIME PHONE NUMBER: 209-366-3942 EFFECTIVE DATE OF TERMINATION: 10/06/92

### III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/6/92 At Lodi, CA  
By Barbara Knight  
SIGNATURE OF TREASURER

Executed on 10/6/92 At Lodi, CA  
By Barbara Knight  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission.

(Government Code Section 84206)

For use by officeholders and candidates who do not have a controlled committee and who do not anticipate receiving \$1000 or more in contributions and do not anticipate spending \$1000 or more during the entire calendar year.

Officeholders whose salary is less than \$100 per month and judges who have a controlled committee may use this form under certain circumstances. See the appropriate Information Manual on Campaign Disclosure Provisions of the Political Reform Act (Manual A) for further information.

RECEIVED

OCT-6 PM 2:19

ALICE M. REINHOLD  
CITY CLERK  
CITY OF LODI

A For Official Use Only

Statement covers Calendar Year 19 92

### I Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE:

Barbara L Knight

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

2314 W. TOKAY

CITY

Lodi

STATE

CA

ZIP CODE

95242

AREA CODE/DAYTIME PHONE NUMBER

209-368-3942

### II Information on Office Held or Sought

OFFICE HELD OR SOUGHT:

City Council Member

JURISDICTION (LOCATION)

Lodi

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR) (IF APPLICABLE)

11/3/92

### III Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Committee to Elect Barbara Knight 922/26</u>	<u>2314 W. TOKAY Lodi, CA. 95242</u>	<u>Barbara Knight</u>

### IV Verification

I declare under penalty of perjury that to the best of my knowledge, I anticipate that I will receive less than \$1000 and that I will spend less than \$1000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

10/06/92

At

CITY AND STATE

Lodi, CA.

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Barbara L. Knight

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State of California Fair Political Practices Commission.